

State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	Me CDC/Chronic Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:	Chris Moiles/Jennifer Levesque		
(If applicable) Department Reference #:	CD0-21-4520		
Amount: (Contract/Amendment/Grant)	\$ 66,000.00	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 12/31/2021
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	U.S. Preventive Medicine Jacksonville, FL		
Brief Description of Goods/Services/Grant:	Online National Diabetes Platform		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
<p>The purpose of this Agreement is to provide online access to the National Diabetes Prevention Program for specific populations determined by the Department for up to 130 people. The Provider shall engage and connect specific populations to the National Diabetes Prevention Program using an online interactive platform. The platform and program delivery shall be tailored to meet the needs of the working population and be creative and engaging in its delivery of information, and it should be available to participants 24 hours per day. National Diabetes Prevention Program (National DPP) is a partnership of public and private organizations working to prevent or delay Type 2 Diabetes. Partners make it easier for people at risk for type 2 Diabetes to participate in evidence-based lifestyle change programs to reduce their risk of type 2 Diabetes. Diabetes is a disease which causes an individual's blood glucose, or blood sugar, levels to be too high which, overtime, can cause health</p>

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PART III: SUPPLEMENTAL INFORMATION

problems. Glucose comes from the foods you eat. Insulin is a hormone that helps the glucose get into your cells to give them energy.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Provider has achieved full recognition from US CDC Diabetes Prevention Recognition Program as a national online platform for the National Diabetes Prevention Program. The Provider's nationally recognized program helps members make achievable and realistic lifestyle changes and cut their risk of developing type 2 diabetes in half. That has a profound impact because it reduces health care costs. Additionally, the Provider is a member of the Council of Diabetes Prevention - a non-profit, membership-based organization that brings together National Diabetes Prevention Program (National DPP) industry stakeholders to promote high-quality standards and support the long-term scalability and sustainability of this unique patient-centered, online and community-based program. They are willing to provide the requested services without a minimum number of participants needed and provides unlimited access to those members without limits to interactions with Health Coaches and Registered Nurses within the program. Among the other potential vendors polled, who responded, Lark Health required a minimum of 500 participants, whereas OMADA costs would be \$552 per participant for a similar program. The Provider has been chosen to work with a specific target audience within the State of Maine population.

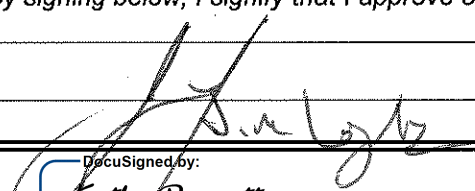

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The US CDC Diabetes Prevention Program estimates the cost for this type of program to be \$500 per participant, and the Provider has incorporated that structure into this agreement as a Fee For Service. Among the other potential vendors polled, who responded, Lark Health required a minimum of 500 participants, which would have increased the costs to \$250,000; whereas OMADA costs would be \$552 per participant for a similar program or \$71,760 at a minimum. The Provider has been chosen to work with a specific target audience within the State of Maine population.

4. Describe the plan for future competition for the goods or services.

This is a pilot program with a specifically targeted population group to provide this service for a trial period of Eighteen (18) months. If the pilot is successful, the Department will competitively procure this service to expand the availability to a larger audience, with a 1/1/2022 contract start date.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:			Date: 17-July-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>41C2BA38FAF44CD...</small> Kathy Paquette	Date:	7/23/2020